

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to: **Box ISSUE FEE**
Assistant Commissioner for Patents
Washington, D.C. 20231

142-1320

DK

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| | | | | | |
|-----------------|---------------|-------------|------------------------------|-----------------|--------------------|
| RECEIVED | | OCT 30 1997 | ENTERED INTO DATABASE | James J. Taylor | (Depositor's name) |
| | | | | 10/6/97 | 10/23/97 |
| 13 | BY: <u>TK</u> | DATE: | (Signature) | (Date) | |

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|--|-------------|--------------|-----------------------------|---------------|
| 08/876,117 | 06/13/97 | 018 | TRAN. A | 2511 09/30/97 |
| First Named FAZIO, ALBERT Applicant | | | | |

TITLE OF FLASH MEMORY DEVICE OF CAPABLE OF SENSING A THRESHOLD VOLTAGE OF INVENTION MEMORY CELLS ON A PAGE MODE OF OPERATION (AS AMENDED)

| | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 11/25/1997 | 00000000000000000000000000000000 | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
| 00000000000000000000000000000000 | 00000000000000000000000000000000 | 365-185.210 | 643 UTILITY | NO | \$1290.00 | 12/30/97 |
| 00000000000000000000000000000000 | 00000000000000000000000000000000 | 00000000000000000000000000000000 | 00000000000000000000000000000000 | 00000000000000000000000000000000 | 00000000000000000000000000000000 | 00000000000000000000000000000000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BLAKELY, SOKOLOFF,
 1 TAYLOR & ZAFMAN

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

2 _____

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

Issue Fee

(A) NAME OF ASSIGNEE INTEL CORPORATION

Advance Order - # of Copies TEN (10)

(B) RESIDENCE: (CITY & STATE OR COUNTRY) SANTA CLARA, CALIFORNIA

4b. The following fees or deficiency in these fees should be charged to:

Please check the appropriate assignee category indicated below (will not be printed on the patent)

DEPOSIT ACCOUNT NUMBER 02-2666

individual corporation or other private group entity government

(ENCLOSE AN EXTRA COPY OF THIS FORM)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) EDWIN H. TAYLOR (Date) 10/24/97
 REG. NO. 25,129

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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